



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Harriet L. Robinson, Ellen F. Fynan, Robert G. Webster and Shan Lu

RECEIVED

Application No.: 08/187,879

Group Art Unit: 1819

Filed:

January 27, 1994 MAR 12 1998

Examiner: C. Rories

For:

IMMUNIZATION BY INOSUATION OF DNA TRANSCRIPTION UNIT-
GROUP 2100

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Assistant Commissioner for Patents, Washington, D.C. 20231	
on <u>3/4/98</u>	<u>Denise Canedo</u>
Date	Signature
<u>Denise Canedo</u>	
Typed or printed name of person signing certificate	

RECEIVED
MAR 13 1998
ASSISTANT COMMISSIONER
FOR PATENTS

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is an Amendment
for filing in the above-identified application.

☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

The fee has been calculated as shown below:

(COL. 1)

(COL. 2)

(COL. 3)

SMALL ENTITY

OTHER THAN
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	30	MINUS	* 76	0
INDEP	4	MINUS	** 12	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

	RATE	ADDIT. FEE
X	\$11	\$
X	\$41	\$
+	\$135	\$

OR

	RATE	ADDIT. FEE
X	\$22	\$ 0
X	\$82	\$ 0
+	\$270	\$

*not fewer than 20
**not fewer than 3

TOTAL = \$

\$ 0

Please charge Deposit Account No. 08-0380 for the following fees:

<input type="checkbox"/>	Petition for ____ month Extension of Time	\$ _____
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ _____

A check is enclosed in payment of the following fees:

<input checked="" type="checkbox"/>	Petition for <u>3</u> month Extension of Time	\$ <u>950.00</u>
<input type="checkbox"/>	Amendment Fee	\$ _____
<input type="checkbox"/>	Other Fees:	
	_____	\$ _____
	_____	\$ _____
	TOTAL:	\$ <u>950.00</u>

☒ A general authorization is hereby granted to charge deposit account number 08-0380 for any fees required under 37 CFR 1.16 and 1.17 in order to maintain pendency of this application. A copy of this authorization is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

for By Patricia Granahan
Elizabeth W. Mata 32,227
Registration No. 38,236
Attorney for Applicant(s)
Telephone (781) 861-6240
Facsimile (781) 861-9540

Two Militia Drive
Lexington, Massachusetts 02173

Dated: March 3, 1998